



RIDESHARE APPLICATION

Wisconsin Department of Transportation
DT1200 3/2002

Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Return Application To:	Wisconsin Department of Transportation District 2 RIDESHARE Program PO Box 798 Waukesha, WI 53187-0798 For additional information, call 262-521-5454	
Name – First, MI, Last				
Mailing Address *		City	State	Zip Code
E-mail – Optional		FAX - Optional	Cell Phone Number - Optional	
County of Ride Origin		Area Code – Home Telephone Number *		
Address, Zip Code, and County if origin of ride is different from above				

Nearest Intersection

* Your home address and telephone number are used for internal purposes only. They will not be given out.

Destination

Company/Work Site

If destination is other than work site, describe

Destination Address	City	State	Zip Code
County	Nearest Intersection		
Area Code - Work Telephone Number	Start Time	End Time	Flexible <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your route to destination			

Match Information

Current Transportation Mode

☐ Drive Alone ☐ Carpool ☐ Vanpool ☐ Transit

Check One

☐ Drive Only ☐ Ride Only ☐ Either

Match Preferences

☐ Non-Smokers Only ☐ Same Gender Only ☐ Same Employer

How did you hear about this program?

Does your employer have an Employee Incentive Program?

☐ Yes, Please Specify: ☐ Emergency Ride Home ☐ Preferential Parking ☐ Transit Reimbursement ☐ Other:
☐ No

Thank you for your interest in the Wisconsin Department of Transportation's Rideshare program.